	ADIZONA TE	opiTAP	IAL BOARD O	F HEALTH
PLACE OF BIRTH				Ter. Index No.
County of	В	UREAU OF	VITAL STATISTICS.	110
District of	ОП	IGINAL CER	TIFICATE OF BIRTH.	Co. Register Ho.
Town of			Loc	al Registrar's No
City of	<i>(</i> 7-		St;	Ward)
FULL NAME OF CHILD	arny In &	Le.		Born YES
If child is not named, make Supplemental l	Report on Many obtainable from	local registrar.	····	<del></del>
Sex of Child Incl. Triplet or other	and Number in order of birth	Legiti- mate?	Date of 3 Birth (Month)	(Day) (Yr.)
Full FATHER	Per	Full Maiden Name	Lucy En	eng_
Residence Swith Set	ble	Residence	will be	este a
Color or Race While	Age at last Birthday (Years)	Color or Race	w	Age at last 2 (Years)
Birthplace Penn.	- 404-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-	Pirthplace Occupation	Prima a	mone
Occupation	ruslis	Оссарацов	Housew	fl.
Number of child of this mother . 2 Nu	mber of children, of this mother	, now living 2	Were Precautions taken against (	Ophthalmia neonatorum?
CERTI	FICATE OF ATTEND	ING PHYSIC	IAN OR MIDWIFE*	
I hereby certify that I attend	ed the birth of above child	1; and that it o	ccurred on	19_//, a\/
•When there is no attending ph midwife, then the householder she this return.	rysiciam or } ould make }	Mgnature)	(Attending physicish, midwife,	householder. *)
Given er christian name add	ed from a		• • • • • • • • • • • • • • • • • • • •	
supplemental report	191	20 1911	Address 8 EL Z	LOCAL REGISTRAR.
COUNTY RE	Filed C	<b>5</b> 1011	13.5°	COUNTY REGISTRAR.

Write F. 11y, with Unfading Ink.—This is a Perma. At Record.

E. B.—In case of more than one third at a birth, a SEPARATE RETURY must be made for each, and the number of each, in order of birth, sund. This certificate must be filed by the attending Physician or Midwife with the Local Registrer within 5 days after